	Case 2	C14 20 APROJ	NEWENT OF AND	AUTHORITY '	TO PAY CO	URT AP	POINTED	COUNSEL 04/18/20	06-	Page	1 of 1	
1. CIR/DIST/DIV. CODE ALM 2. PERSON REPRESENTED Gordon, Eddie					VOUCHER NUMBER							
3. MAG. DKT/DEF. NUMBER			4. DIST. DKT/DEF. NUMBER 2:05-000290-001		5. APPI	5. APPEALS DKT/DEF. NUMBER			6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY					9. TYPI	9. TYPE PERSON REPRESENTED				10. REPRESENTATION TYPE (See Instructions)		
U.S. v. Gordon Felony				Ad	Adult Defendant				Other _ MOTION HEARIN			
11. (offense(s) chargei) 18 922G.F UN	(Cite U.S. Code, LAWFUL TI	Title & Section) I RANSPORT/P	If more than one of OSSESS/R	Nense, list (up t ECEIVE	to five) ma FIREA	jor offenses (ARMS T	charged, according to HROUGH IN	severity of	offense.		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS SMITH, BANKS T. P.O. BOX 1748 DOTHAN AL 36302						13. COURT ORDER 1 O Appointing Counsel						
Telephone Number:(334) 793-3610						Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the						
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)											ın un case,	
	IALL AND SMITH	I		٠	⁻ %	TOWN!	()a-					
P. O. BOX 1748 DOTHAN AL 36302						Signature of Presiding Judicial Officer or By Order of the Court						
DOILINIA IND 30302						Date of Order Nunc Pro Tunc Date						
						Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO						
	CATEGORIES (Attac	ch itemization of a	ervices with dates)	c	HOURS LAIMED	I AM	TAL OUNT MED	MATH/TECH ADJUSTED HOURS	ADJU	VTECH USTED OUNT	ADDITIONAL REVIEW	
15.	a. Arraignment an	i/or Plea										
	b. Bail and Detention	on Hearings										
	c. Motion Hearings											
I n	d. Trial											
C	e. Sentencing Hear	ings										
o u	f. Revocation Hearings											
r	g. Appeals Court											
•	h. Other (Specify o	n additional sh	eets)									
	(Rate per hou	- = \$) TO	TALS:								
16.												
0		a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing										
t												
o f												
C	d. Travel time	l Oak										
u r	e. Investigative and	Otner work	(Specify on addition	naj sneets)								
t	(Rate per hou			TALS:								
17.	Travel Expenses		ng, meals, mileage, e									
18.	Other Expenses	(other than exp	ert, transcripts, etc.)								
19.	CERTIFICATION OF A	TTORNEY/PAY	CE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					ASE DISPOSITION			
	FROM	T	<u> </u>				7.11EK 11	CAND COMITE				
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.												
	Signature of Attorney:	J. JJII COLIEGE (r)ate:					
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL I						ES	26. OTHER EXPENSES			27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER							DATE			28a. JUDGE / MAG. JUDGE CODE		
	IN COURT COMP.	L EXPENSE	ES					AMT. APPROVED				
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment DATE 34a. JUDGE CODE										34a. JUD	GE CODE	